

Standard Infection Control Precautions Procedure			
Statement of Intent	To provide guidance on infection prevention and control precautions that should be applied by all SBC health practitioners and support staff when delivering care to service users all of the time.		
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Author	Infection Prevention and Control Team (with thanks to Great Western Hospital)		
Owner	Infection Prevention and Control Team		
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Ratified by	Quality Safety & Performance Unit	Date first ratified	27/03/2012
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Related policies	Infection Prevention and Control Policy and other associated procedures		
Applies to	SBC Children, Families and Community Health Service staff		
Care Quality Commission Essential Standards of Quality & Safety	Regulation 12: Cleanliness and infection control		
Equality & Diversity	SBC is committed to promoting equality in all its responsibilities - as a provider of services, as a partner in the local economy and as an employer. This policy will contribute to ensuring that all clients, potential clients and employees are treated fairly and respectfully with regard to the protected characteristics of age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.		

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1 GLOSSARY/DEFINITIONS

The following acronyms are used within the document

UICP	Universal Infection Control Precautions
HIV	Human Immunodeficiency Virus
PPE	Personal Protective Equipment
MDR TB	Multi-drug resistant Tuberculosis
FFP	Filtering Face Piece
CJD	Creutzfeld Jacob Disease
C Diff	<i>Clostridium Difficile</i>

2 INTRODUCTION

It is not always possible to identify people who may spread infections to others, hence the need for a set of principles that include best practice recommendations to ensure that service users, staff and others are protected from infection. These principles are known as **Standard Infection Control Precautions** and should be used at **all times** by all staff involved in delivering health services.

Risk Assessment

A risk assessment should be undertaken before any intervention which is likely to involve contact with blood or bodily fluids. This assessment should show that the risk can be eliminated, reduced or ultimately controlled by taking the appropriate precautions, to protect both service users and staff.

It should be noted that **standard precautions are the minimum standard required when caring for service users**. Risk assessments may indicate that additional precautions, e.g. isolation, may also be required.

Standard Precautions cover:

3 HAND DECONTAMINATION

Hands should be decontaminated before and after all clinical procedures and between every service user contact (Refer to hand hygiene policy). If skin is contaminated with blood or body fluids, wash off immediately with soap and water. Hands must be washed and thoroughly dried after the removal of gloves. Alcohol hand rub can be used to disinfect visibly clean hands. Hands must always be washed with soap and water following contact with a service user with *Clostridium difficile* or unexplained diarrhoea and vomiting as alcohol gel will not remove *Clostridium difficile* spores.

4 BROKEN SKIN

Cuts and abrasions on exposed areas of the body should be covered with a waterproof dressing. Any Health Worker who suffers any allergic reactions due to hand decontamination or has any areas of broken skin e.g. rashes, eczema, psoriasis on their

hands or forearms should report to the Occupational Health Department where further advice may be obtained. This should be done as soon as a problem starts.

5 SHARPS

After use, needles, blades and other sharp instruments should be discarded directly into a rigid sharps container at the point of use. Never re-sheath, bend, break or disassemble needles prior to use or disposal. Discard needle and syringe as one unit into a sharps bin. Never fill the sharps bin more than two-thirds full and ensure that it is correctly assembled, labelled and secured before disposal. The temporary closure should be used when sharps boxes are not in use. Do not pass sharps from hand to hand. The healthcare worker who used the sharp is also responsible for its safe disposal. Any dropped sharp should be removed following instructions in the sharps policy. Like wise should a sharps injury occur then please follow the guidance within the **SBC sharps policy**.

6 PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE should be worn when assessments demonstrate that the risk of exposure cannot be eliminated (see table below). Gloves should be worn when direct contact with blood or body fluids is anticipated and for direct contact with mucous membranes or non-intact skin. Gloves should be discarded into a clinical waste bin after each procedure. Plastic aprons should be worn whenever direct contact with the patient or when contamination e.g. If wetting of clothing is anticipated. Visors, goggles, face masks must be worn during any procedure where there is the risk of blood or body fluids splashing into the face.

	Gloves	Apron	Surgical Face Masks	Goggles or Visors	Specialist Masks
Risk of blood/body fluid contamination to hands/uniform	✓	✓			
Risk of body fluid contamination to eyes, nose, mouth during aerosol generating procedures or where procedure likely to generate splashes	✓	✓	✓	✓	
Risk from suspected/confirmed MDR TB or during cough producing procedures					✓ FFP3 Respirator minimum 14 days chemo-therapy and clinically better
Risk from known/suspected Pandemic Flu patients	✓	✓ long sleeved gown		✓	✓ FFP3 Respirator during hospitalisation - see specific policies
Risk from Meningococcal meningitis patients			✓ for first 24 hours on chemotherapy		
Risk during Emergency resuscitation of patient with unknown diagnosis	✓	✓	✓		

NB This needs to be read in conjunction with Communicable Infections and other relevant policies, including policies for multi-resistant organisms

7 SPILLAGES OF BLOOD AND BODY FLUID

Note: The term “bodily fluids” includes blood, urine, faeces, sputum, wound exudate and all other bodily secretions. All spillages should be cleared effectively and as soon as possible.

Equipment and materials required: Appropriate blood or body fluid spill kit should be used in the first instance

Or

- Colour-coded bucket;
- Colour-coded cloth;
- Single-use gloves suitable for chemical resistance and complying with the Personal Protective Equipment Directive (89/686/EEC);
- Plastic apron;
- Paper towels/ paper roll/ large absorbent pads (depending upon level of contamination)
- Chlorine releasing agent e.g. Miltons, Actichlor™ or actichlor plus in tepid water at 1,000 parts per million available (for small amounts of visible blood, but a large area requires decontamination e.g. baths) or equivalent disinfectant wipe for small spots of blood.
- Orange clinical waste bags;
- Warning signs.

Method

- 1 Display warning signs.
- 2 Wash hands, put on gloves and a disposable apron.
- 3 Clear spillages of urine or faeces with paper towels and place directly into the clinical waste bag. The bag should be next to the spillage in readiness for this. Tie the bag following waste disposal policy and dispose of it at the central point as soon as possible. Do not put chlorine onto urine or vomit as harmful chlorine vapour is produced.
- 4 When managing a blood spill it is important to risk assess the level of risk to the individual in decontaminating the environment. If the spill is large, additional personal protective equipment may be required, such as face protection, disposable overalls and shoe covers. Chlorine releasing agents can be a hazard in confined areas or mixed with other chemicals therefore the area must be well ventilated. Following risk assessment the following should be considered
 - a) For large spillages of blood, chlorine-based absorbent granules (spill kits) are to be used, allowing the granules to remain in contact with the blood for 2 minutes before placing debris in a clinical waste bag as detailed in point 3.
 - b) For small traces of blood that are scattered over a large surface area, or in a location that is hard to access it may be more appropriate to apply chlorine at 1,000 parts per million using a mop or cloth on an extension device.
 - c) For ease of use when dealing with minimal blood contamination, chlorine 1,000 parts per million or equivalent disinfectant wipe can be used.

- 5 Disinfect thoroughly using appropriate manufacturers instructions for given disinfection product used. Training must be provided to staff in methods of decontamination.
- 6 On completion, dispose of cloths, gloves and other protective wear used as clinical waste, as at point 3.
- 7 Allow the area to dry.
- 8 When chlorine has been used, it is important to rinse surfaces/ damp mop to prevent the chemicals having prolonged corrosive affects on the environment/equipment. Again, this must be in accordance with the manufacturers' guidance for any equipment being decontaminated as certain equipment e.g. electrical machinery is not appropriate to be rinsed.
- 9 Wash hands with soap and water.

If a bowl or bucket has been used, don a clean pair of gloves and clean these items with detergent and hot water, dry with a disposable paper towel.

N.B. It is important to consider the type of surface requiring decontaminating as certain equipment and furnishing (e.g. carpets) will not tolerate chlorine at 1,000 parts per million. Steam cleaning or detergent and water cleaning may need to be utilised. Manufacturers guidance must be followed in these instances or clarification sought from Infection Prevention and Control.

In service users own homes the soft furnishings and carpets will preclude the use of blood spillage kits. Blood/ bodily fluids must however be dealt with immediately. Immediate action prior to cleaning up a spillage is to don appropriate personal protective equipment e.g gloves and apron. The liquid should then be absorbed with disposable paper towels or available absorbent disposable item. Used paper towels etc should be disposed of into clinical waste.

8. WASTE AND LINEN DISPOSAL

Waste contaminated with blood or body fluids, and other items such as gowns and gloves that are perceived as clinical waste should be discarded into clinical waste bags. Secure bags with identification tape using the 'swan neck' method ensures that no fluids leak from the bag, refer to Waste policy.

Used linen must be disposed of in accordance with (local) procedures for disposal of linen.

Excreta should be discarded directly into the toilet.

8 EQUIPMENT

All patient care equipment must be safely discarded or decontaminated after use. See Guidelines for Decontamination of Medical Devices. Where a piece of equipment is used for more than one service user e.g. commode, bath hoist, it **must be cleaned following each and every episode of use** in accordance with manufacturers instructions and/or local policy.

NB Equipment designated as single use must never be re-used.

9 SPECIMENS

All pathology specimens must be clearly and correctly labelled; including any antibiotic treatment the patient is receiving and any clinical concerns. The sample is to be placed, contained and sealed within the plastic bag attached to the specimen form for transportation to the laboratory. Outside the hospital setting specimens must be transported to the laboratory in special secure transport boxes with fastenable lids (refer to the policy for the safe transportation of laboratory specimens). All specimens including those deemed High Risk should be taken and processed in accordance with the Policy for the Safe Transportation of Laboratory specimens.

10 DEATH

If a body continues to leak blood or body fluid contact the mortuary/undertaker staff for advice, before considering packing or placing the body within a plastic cadaver (body) bag.

11 ENVIRONMENTAL HYGIENE

Good environmental hygiene is an integral and important component of a strategy for preventing healthcare associated infections. The environment must be visibly clean and free from dust and soiling, and acceptable to service users, their visitors and staff.

Any deficit in the standards of environmental hygiene should be reported immediately to managers, cleaning contractors and the SBC Facilities manager

12 AUDIT

Observation and audit of compliance with the procedure is the joint responsibility of all relevant clinical teams and the IP&C Team and will be monitored through the annual audit programme and the Essential Steps care bundles

13 REFERENCES

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